

**U.S. Bankruptcy Administrator  
Eastern District of North Carolina**

**INSTRUCTIONS FOR  
APPLICATION FOR APPROVAL AS A PROVIDER OF A  
PERSONAL FINANCIAL MANAGEMENT INSTRUCTIONAL COURSE**

[For additional information not provided in this form, click here.](#)

**Introduction.** A provider of a personal financial management instructional course seeking approval by the Bankruptcy Administrator, in accordance with 11 U.S.C. § 111, (“Provider”) must submit an application to the Office of U.S. Bankruptcy Administrator in the form described below. The Provider must provide all information and documents required by the Bankruptcy Administrator for the judicial district in which the Provider seeks approval. Unless otherwise stated, all information and documents must be in writing. All documents either must be original or conformed copies.

**Mailing Instructions, Information Requests, and Notification.** The application package must include the completed application and all documents and information requested. Once completed, the entire package should be sent to the following address:

U.S. Bankruptcy Administrator  
1760-B Parkwood Blvd.  
Wilson, N.C. 27893  
Attn: Lesley Cavenaugh  
(252) 237-6854

Supplemental information requests and notifications will be sent to the principal contact identified in the application. Responses to requests must be submitted to the address stated above unless otherwise instructed.

**Applications should be completed in their entirety before submission.** An incomplete application may result in delay or denial of the application. Upon receipt of the application, the Provider will, as soon as practical, receive an acknowledgment letter which may include a request for additional information. Written inquiries concerning the status of an application must be directed to the above address.

**Application Form and Instructions.** The application form and instructions consist of the following sections:

- |            |  |
|------------|--|
| Section 1. | General Information Concerning the Provider              |
| Section 2. | Qualifications/Experience of Provider                    |
| Section 3. | Experienced and Trained Personnel (Teachers)             |
| Section 4. | Learning Materials and Methodologies (Course Curriculum) |
| Section 5. | Adequate Facilities                                      |
| Section 6. | Reasonableness of Fees                                   |
| Section 7. | Acknowledgments, Agreements, and Declarations            |

Section 8. Certification and Signature  
Appendix A. Matrix of Personnel Experience  
Appendix B. Provider Checklist for Adequacy of Facilities  
Appendix C. Acknowledgments, Agreements, and Declarations in Support of  
Application for Approval as a Provider of a Personal Financial  
Management Instructional Course

A Provider should furnish its social security or tax identification number with its application. Furnishing the Social Security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application.

**Section 1. General Information Concerning the Organization**

1. Complete Section 1 of the Application.

**Section 2. Qualifications/Experience of Provider**

1. Compliance with Laws and Regulations. The Provider must be in compliance with all applicable laws and regulations of the United States and each state of the United States in which the Provider conducts courses. Nothing contained in these instructions, the application, or the appendices, is intended to preempt any applicable law or regulation governing the conduct or operations of the provider.
2. Complete Section 2 of the Application.

**Section 3. Experienced and Trained Personnel (Teachers)**

1. Generally. The Provider must employ trained personnel with adequate experience and training in providing effective instruction and services.
2. Qualifications. The Provider must employ, at a minimum, an individual who holds at least one of the following current certifications, or who has equivalent training or experience, to supervise instructors:
  - a. A state teacher's certificate in any subject;
  - b. Certified Financial Planner (CFP);
  - c. Certification as a credit counselor by the National Foundation for Credit Counseling;
  - d. Certification as a credit counselor by the Association of Independent Credit Counseling Agencies;
  - e. Accredited Financial Counselor (AFC);

- f. Certification by the American Association of Family and Consumer Sciences;
  - g. Registered Financial Consultant (RFC); or
  - h. Certified Public Accountant (CPA).
3. Complete Section 3 of the Application.

#### **Section 4. Learning Materials and Methodologies (Course Curriculum)**

1. Generally. The Provider's learning materials and methodologies must be designed to assist debtor students in understanding personal financial management and must be consistent with stated objectives directly related to the goals of such instructional course.
2. Course Goals and Objectives. The Provider must ensure that the course provides, at a minimum, written information and instruction on all of the following topics.
- a. Budget Development
    - Setting short-term and long-term financial goals, as well as developing skills to assist in achieving these goals.
    - Calculating gross monthly income and net monthly income.
    - Identifying and classifying monthly expenses as fixed, variable, or periodic.
  - b. Money Management
    - Keeping adequate financial records.
    - Developing decision-making skills required to distinguish between wants and needs, and to comparison shop for goods and services.
    - Maintaining appropriate levels of insurance coverage, taking into account the types and costs of insurance.
    - Saving for emergencies, for periodic payments, and for financial goals.
  - c. Wise Use of Credit
    - The types, sources, and costs of credit and loans.
    - Identifying debt warning signs.
    - Appropriate use of credit and alternatives to credit use.
    - Checking a credit rating.

d. Consumer Information

- Public and non-profit resources for consumer assistance.
- Applicable consumer protection laws and regulations, such as those governing correction of a credit record and protection against consumer fraud.

3. Course Procedures. The Provider must ensure that the following procedures are followed.

a. Generally

- The Provider must require each debtor student to provide proof of identification, to provide his/her bankruptcy case number, and to sign in and sign out of the course.
- The course must be a minimum of two hours in length. Courses offered via the Internet or telephone should be designed for average completion within a minimum of two hours.
- At the end of the course, the Provider must collect from each debtor student a completed course evaluation. The evaluation must be in a form acceptable to the Bankruptcy Administrator and may not be signed by the debtor student.

b. Classroom Instruction (*For each course offered through classroom instruction.*)

- A teacher must be present for purposes of instruction and interaction with debtor students.
- Class size must be reasonably limited to ensure an effective presentation of the course materials.

c. Telephonic Instruction (*For each course offered through telephonic instruction.*)

- The Provider must use a toll-free telephone number.
- The Provider must comply with the Americans with Disabilities Act and also include a toll-free telephone number for deaf or hearing impaired debtor students, e.g., TTY, TDD, or Text Telephone.
- The Provider must employ adequate procedures to ensure that the debtor student is the individual who completed the course.
- A teacher must be present telephonically for purposes of instruction and interaction with debtor students. No pre-recorded instruction may be used during the course.
- Written copies of the learning materials must be provided to debtor students before the telephonic instruction session.

d. Internet Instruction (*For each course offered through Internet instruction.*)

- The Provider must comply with the Americans with Disabilities Act (ADA) and its application to the Internet.
- The Provider must employ adequate procedures to ensure that the debtor student is the individual who completed the course.
- A teacher must respond within 24 hours to a debtor student's questions or comments.
- Providers of Telephonic Courses or Internet Courses. In addition to meeting all other requirements, the Provider who conducts telephonic or Internet courses must demonstrate sufficient experience and proficiency in designing and providing services over the telephone or Internet.
- Complete Section 4 of the Application.

**Section 5. Adequate Facilities**

1. Generally. The Provider must ensure that any facility used by debtor students complies with all applicable laws and regulations, including, but not limited to, the Americans with Disabilities Act Accessibility Guidelines, and all federal, state, and local fire, health, safety, and occupancy laws, codes, rules, or regulations.

2. Complete Section 5 of the Application.

**Section 6. Reasonableness of Fees**

1. Reasonableness of Fees. Fees, contributions, or payments received from debtor students for courses must be reasonable in amount. The Provider must provide services without regard to a debtor student's ability to pay, and may not withhold services because of an inability to pay.

2. Complete Section 6 of the Application.

**Section 7. Acknowledgments, Agreements, and Declarations**

1. Agreement to Disclose Information to Debtor Students. The Provider must disclose the following information to each debtor student before the debtor student pays for a course:

- The Provider's fee schedule, including any cost to the debtor student in addition to the course fee.
- A statement that the course is offered to debtor students without regard to the debtor student's ability to pay.
- The qualifications, including educational and training background, of the Provider's teachers.
- A schedule of course dates, times, and locations.

- A statement that the Provider does not pay or receive fees or other consideration for the referral of debtor students to the Provider.
- A statement that, upon completion of the course, the Provider will provide a certification of course completions to the debtor student.
- Acknowledgment of Prohibitions, Limitations, and Obligations Regarding Operations. By executing and submitting the Application for Approval as a Provider of a Personal Financial Management Instructional Course, the Provider acknowledges the prohibitions, limitations, and obligations set forth in Appendix C, Acknowledgments, Agreements, and Declarations in Support of Application for Approval as a Provider of a Personal Financial Management Instructional Course.
- Complete Section 7 of the Application.

## **Section 8. Certification and Signature**

The Provider's owner, president, chairman, trustee, or other authorized official is required to declare, by signing the application, that he or she is authorized to complete the application on behalf of the Provider; that he or she has read and knows the contents of the application and all enclosures and attachments submitted; and affirms under penalty of perjury that all of the representations and statements contained in the documents are true and correct to the best of his or her knowledge, information, and belief.

**U.S. Bankruptcy Administrator**  
**District of \_\_\_\_\_**

**APPLICATION FOR APPROVAL AS A PROVIDER OF A  
PERSONAL FINANCIAL MANAGEMENT INSTRUCTIONAL COURSE**

An application package is complete if all questions/items have been responded to and original or conformed copies of the documents requested in the application are attached. Failure to file a complete application may result in the delay or denial of the application. Responses to the questions on this application are continuing and the applicant must promptly notify the Office of the Bankruptcy Administrator of any circumstances that would cause an answer to any question to change. If additional space is required to complete an answer, attach a separate page with the name of the individual/organization, social security number/federal tax identification number, and the question number indicated on the top, right-side of the page.

**Section 1. General Information Concerning the Provider**

1.0 Provider is seeking \_\_\_\_\_ (a) initial approval \_\_\_\_\_ (b) renewal of approval\*  
\_\_\_\_\_ (c) amendment to original application dated \_\_\_\_\_

\*If (b) state any changes to answers from your previous application with an asterisk.

1.1 Provider is a(n): \_\_\_\_\_ Individual \_\_\_\_\_ Unincorporated Association  
\_\_\_\_\_ Corporation \_\_\_\_\_ Limited Liability Corp.  
\_\_\_\_\_ Partnership \_\_\_\_\_ Limited Liability Partnership  
\_\_\_\_\_ Other \_\_\_\_\_

1.2 Name under which Provider will conduct business, including any d/b/a: \_\_\_\_\_

1.3 Primary business address (including street and mailing address): \_\_\_\_\_

1.4 State of organization: \_\_\_\_\_ Date of organization: \_\_\_\_\_

1.5 Federal Tax ID No. or Social Security No.: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Fax No.: \_\_\_\_\_ Website: \_\_\_\_\_ Email: \_\_\_\_\_

1.6 Name, street address, telephone number, email address, and fax number of the principal \_\_\_\_\_

contact for the Provider.

1.7 Name, street address, telephone number, email address, and fax number of the registered agent for the Provider.

1.8 List each judicial district for which the Provider requests approval.

1.9 List all locations of branch and satellite offices, if any. For each office where courses will be provided to debtor students, provide the mailing address, street address, telephone number, fax number, business hours, email address, Internet website, and number of personnel employed at each location.

## **Section 2. Qualifications/Experience of Provider**

2.1 How long has the Provider been in business? \_\_\_\_\_ Years \_\_\_\_\_ Months

2.2 How long has the Provider conducted personal financial management instructional courses? \_\_\_\_\_ Years \_\_\_\_\_ Months

2.3 How many students have been taught by the Provider within the last 12-month period?



- 2.4 State all names, including any d/b/a, a/k/a, f/k/a, and street and mailing address(es) the Provider has used in the last three years.
- 2.5 Identify each owner, officer, director, partner, or trustee who served within the last three years and provide their term of office, street address, principal occupation, employment experience, and state whether they have been convicted of a crime involving fraud, dishonesty, or false statements.
- 2.6 Identify each individual or entity who regularly refers debtor students to the Provider. State each individual's or entity's street address, mailing address, telephone number, fax number, email address, and Internet website, if any.
- 2.7 State all affiliated businesses or subsidiaries of the Provider within the last three years, including those persons identified as owners, officers, directors, partners, and trustees of those affiliated business or subsidiaries; whether organized for profit or not for profit; and the location and the nature of the business of each such affiliate business or subsidiary.
- 2.8 State the name of each business with which the Provider conducts business in which an owner, officer, director, employee, or insider of the Provider holds, directly or by nominee, a 20 percent ownership or financial interest.

- 2.9 Disclose any accreditations(s) or certification(s) by accrediting or certifying organizations.
- 2.10 If, at any time, the Provider's accreditation or certification was revoked or suspended, or lapsed, within the last five years, disclose when and why.
- 2.11 List each state in which the Provider is licensed to conduct business.
- 2.12 List all legal actions, proceedings, investigations, arbitrations, mediations, audits by federal or state agencies, and potential bond or other claims in which the Provider is a party, pending or adjudicated, within the last three years, and the dispositions. **Complete and attach Appendix D, tax information authorization.**
- 2.13 Disclose any prior or ongoing disciplinary or enforcement action by an applicable licensing, registration, or certification authority, court, or regulatory body against the Provider, or any owner, officer, director, partner, trustee, employee, or agent of the Provider, within the last three years.

### **Section 3. Experienced and Trained Personnel (Teachers)**

- 3.1 Complete and attach Appendix A, Matrix of Personnel Experience, for each location that will be staffed by teachers providing courses to debtor students. Enter the supervisor's/teacher's name and other identifying information in the employee box and complete the information as instructed. Place the Provider's name, address, and federal tax identification or Social Security number on each matrix submitted.

3.2 Attach originals or conformed copies of the following to the application:

- Any written standards, procedures, or guidelines provided to teachers of the Provider's course.

#### **Section 4. Learning Materials and Methodologies (Course Curriculum)**

4.1 State the estimated length of the course in hours.

Classroom: \_\_\_\_\_ Telephone: \_\_\_\_\_ Internet: \_\_\_\_\_

4.2 Describe the procedure that will be employed to ensure the completion and submission of course evaluation forms by student debtors.

4.3 If providing telephonic or Internet courses, describe the Providers' experience and proficiency in providing such courses via the telephone and/or the Internet.

4.4 Provide the online address for any Internet personal financial management course.

4.5 Attach originals or conformed copies of the following to the application:

- Course materials used for planning purposes and instructional materials which will be regularly provided to the student debtors whether the course is taught in a classroom, by telephone, or over the Internet.

#### **Section 5. Adequate Facilities**

5.1 Complete and attach Appendix B, Provider Checklist for Adequacy of Facilities, for each classroom location.

## **Section 6. Reasonableness of Fees**

- 6.1 Disclose the course fee and schedule for each location, including fee and access information for telephone and Internet courses.
- 6.2 Attach originals or conformed copies of the following to the application:
- A fee schedule or suggested contribution schedule for all fees and contributions to be paid by debtor students, including any fees charged for material or other items.

## **Section 7. Acknowledgments, Agreements, and Declarations**

- 7.1 Complete and attach an originally executed Appendix C, Acknowledgments, Agreements, and Declarations in Support of Application for Approval as a Provider of a Personal Financial Management Instructional Course.
- 7.2 Attach originals or conformed copies of the application:
- Disclosure forms that will be provided to student debtors.
  - Income Tax Returns for the two years immediately preceding the filing of the application.

## **Section 8. Certification and Signature**

**I declare under penalty of perjury that I am authorized to complete this application of behalf of the above-named entity; I have examined the contents of the application, enclosures, and other accompanying documents. I believe that all representations are true and correct to the best of my knowledge, information, and belief.**

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Signature of Owner, President, Chairperson, Trustee, of  
Other Authorized Official

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Type or Print Name of Signor

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Type or Print Title of Signor

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Date

(Application for Approval as a Provider of a Personal Financial Management Instructional Course)

Address: \_\_\_\_\_

Federal Tax ID No. or Social Security No.: \_\_\_\_\_

[illegible]

[illegible]

## **Appendix B: Provider Checklist for Adequacy of Facilities**

(Application for Approval as a Provider of a Personal Financial Management Instructional Course)

Provider Name: \_\_\_\_\_

Fed. Tax Id. or Social Security No.: \_\_\_\_\_

Location Address: \_\_\_\_\_

CHECK ONE    ✓	REQUIRED ELEMENT	EXPLANATION
<input type="checkbox"/> YES <input type="checkbox"/> NO	Handicapped accessible building and room.	No steps at door entry or at wheelchair ramp, rail. Meets specifications of Americans with Disabilities Act Accessibility Guidelines (ADAAG).
<input type="checkbox"/> YES <input type="checkbox"/> NO	Handicapped accessible restrooms.	Meets ADAAG.
<input type="checkbox"/> YES <input type="checkbox"/> NO	Close to public transport.	Location within ½ mile of bus stop or reasonable distance from public transportation if available in the area.
<input type="checkbox"/> YES <input type="checkbox"/> NO	Convenient parking and physically challenged designated parking available.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Facility meets standard building safety codes.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Facility does not exceed occupancy requirements for safety, fire, or health codes, rules or laws.	Occupancy permit for intended use and number of occupants.
<input type="checkbox"/> YES <input type="checkbox"/> NO	Facility meets fire/life and health codes, rules or regulations.	Established exit, fire alarm, sprinkler, or safety requirements are met.
<input type="checkbox"/> YES <input type="checkbox"/> NO	Facility does not contain hazardous materials.	Facility is free of hazardous materials according to federal, state, and local environmental rules or regulations.
<input type="checkbox"/> YES <input type="checkbox"/> NO	Facility has adequate liability insurance coverage.	

**THE CHECKLIST IS NOT AN EXCLUSIVE OR EXHAUSTIVE LIST OF ELEMENTS THE BANKRUPTCY ADMINISTRATOR MAY CONSIDER IN DETERMINING WHETHER A FACILITY IS ADEQUATE.**

I declare under penalty of perjury that I have reviewed the information provided on this checklist and it is true and correct to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Signature of Owner, President, Chairman, Trustee, or  
Other Authorized Official

\_\_\_\_\_  
Type or Print Name of Signor

\_\_\_\_\_  
Type or Print Title of Signor

\_\_\_\_\_  
Date

**\*Internet or telephonic courses are not subject to these requirements.**

promote, market, or sell financial products, solicit business of any type; or sell information and the debtor to any third party, whether the course is presented in a classroom, on the telephone, or on the Internet.

10. An approved Provider may state that it is approved to provide instructional counsel in personal financial management as required under the Bankruptcy Code. However, any advertisement that refers to such approval shall only be phrased in the following manner: *“Approved to issue certificates evidencing completions of a personal financial management instructional course in compliance with the Bankruptcy Code. Approval does not endorse or assure the quality of a Provider’s services.”* Approved Providers shall not use the Bankruptcy Administrator’s seal, the Bankruptcy Court’s seal, or any seal of the United States or a likeness thereof.

**I HEREBY DECLARE under penalty of perjury that the foregoing representations are true and correct to the best of my knowledge, information, and belief.**

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Signature

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Date



## **Appendix C**

(Application for Approval as a Provider of a Personal Financial Management Instructional Course)

### **Acknowledgments, Agreements, and Declarations in Support of Application for Approval as a Provider of a Personal Financial Management Instructional Course**

**Name of Provider:** \_\_\_\_\_

The Provider hereby assures and certifies compliance with all applicable federal statutes, regulations, policies, guidelines, and requirements including, but not limited to, 11 U.S.C. §§109(h) and 111. The Provider also specifically assures, certifies, and agrees that:

1. It is in compliance with all applicable laws and regulations of the United States and the state in which the Provider seeks approval from the U.S. Bankruptcy Administrator.
2. No member of the board of directors or trustees, owner, or officer, manager, employee, or agent is an employee of the U.S. Courts, panel trustee, or person with a financial or familial connection to a panel trustee or an employee of the U.S. Courts. For purposes of this paragraph, a person is not deemed to have a relationship to a panel trustee solely because the person is an employee of the panel trustee.
3. It will comply with the policies and directives of the U.S. Bankruptcy Administrator and the Administrative Office of the U.S. Courts, as may be issued from time to time.
4. It will make all records related to the Provider's compliance with 11 U.S.C. § 111 available to the U.S. Bankruptcy Administrator upon request and cooperate with the Bankruptcy Administrator for any scheduled or unscheduled on-site visit or customer service audit.
5. Its personnel will have adequate experience and training to provide effective instruction and services.
6. Its learning materials and methodologies are designed to assist debtors in understanding personal financial management and are consistent with stated objectives directly related to the goals of such instructional course.
7. Any fee, contribution, or payment received for education services will be reasonable in amount, and the Provider will provide services without regard to a student debtor's ability to pay.
8. It will not pay or receive referral fees or other consideration for the referral of debtor students.
9. The course will not contain any commercial advertising, and the Provider shall not

promote, market, or sell financial products, solicit business of any type; or sell information and the debtor to any third party, whether the course is presented in a classroom, on the telephone, or on the Internet.

10. An approved Provider may state that it is approved to provide instructional counsel in personal financial management as required under the Bankruptcy Code. However, any advertisement that refers to such approval shall only be phrased in the following manner: *“Approved to issue certificates evidencing completions of a personal financial management instructional course in compliance with the Bankruptcy Code. Approval does not endorse or assure the quality of a Provider’s services.”* Approved Providers shall not use the Bankruptcy Administrator’s seal, the Bankruptcy Court’s seal, or any seal of the United States or a likeness thereof.

**I HEREBY DECLARE under penalty of perjury that the foregoing representations are true and correct to the best of my knowledge, information, and belief.**

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Signature

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Date